2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State
08-02-2000 90151 015 ***550.00

DOCUMENT # P99000038922

1. Entity Name
WORKER BEE, INC.

Principal Place of Business	Mailing Address
114 PASEO COURT ROYAL PALM BEACH FL 33411	114 PASEO COURT ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2117 Vinings Circle		2117 Vinings Circle	
Suite, Apt. #, etc. Apt #807		Suite, Apt. #, etc. Apt 807	
City & State Wellington		City & State Wellington	
Zip 33414	Country Palm Beach	Zip 33414	Country Palm Beach

4. FEI Number 65-0912340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLAY, MARYANN 114 PASEO COURT ROYAL PALM BEACH FL 33411	Name MARYANN CLAY Street Address (P.O. Box Number is Not Acceptable) 2117 Vinings Circle Apt 807 City Wellington **FL** Zip Code 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] MARYANN CLAY 7/24/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAY, MARYANN 114 PASEO COURT ROYAL PALM BEACH FL 33411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAY, Maryann 2117 Vinings Circle Apt 807 Wellington, FL 33414 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQ [signature] MARYANN Clay 7/24/2000 561-373-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #